



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
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E-mail: fsb@idhw.state.id.us

September 15, 2006

FILE COPY

Eric Bultez, Administrator  
Hillcrest  
1093 S Hilton  
Boise, ID 83705

License #: RC-603

Dear Mr. Bultez:

On July 13, 2006, a complaint investigation survey was conducted at Hillcrest. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Patrick Hendrickson, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

PATRICK HENDRICKSON, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

PH/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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July 27, 2006

FILE COPY

Eric Bultez, Administrator  
Hillcrest  
1093 S Hilton  
Boise, ID 83705

Dear Mr. Bultez:

On July 13, 2006, a Complaint Investigation Survey was conducted at Hillcrest. The facility was found to be providing a safe environment and safe, effective care to residents.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 12, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

*Rally Ward-Geier, LMSW for*

JAMIE SIMPSON, BS, QRMP, MBA  
Supervisor  
Residential Community Care Program

JS/slc

Enclosure



IDAHO DEPARTMENT OF  
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July 27, 2006

FILE COPY

Eric Bultez, Administrator  
Hillcrest  
1093 S Hilton  
Boise, ID 83705

Dear Mr. Bultez:

On July 13, 2006, a complaint investigation survey was conducted at Hillcrest. The survey was conducted by Patrick Hendrickson, R.N. and Polly Watt-Geier, LSW. This report outlines the findings of our investigation.

**Complaint # ID00001460**

**Allegation #1.** A resident's room smells of urine and has not been deep cleaned.

**Findings:** Based on observation, interview, and review of the house cleaning schedule it could not be determined the identified resident's room smelled of urine or that it had not been deep cleaned.

Review of the facility's housekeeping records on July 13, 2006 revealed the identified resident's room was deep cleaned on a weekly basis.

On July 13, 2006 between 9:15 a.m. and 10:00 a.m., three random residents' rooms were observed to be clean and free of odor.

On July 13, 2006 at 9:34 a.m., the identified resident room was observed to be clean and free from odor.

On July 13, 2006 at 9:37 a.m., the identified resident stated her room was deep cleaned weekly and staff helped keep her room clean on a daily basis.

On July 13, 2006 at 9:48 a.m., the facility nurse stated the staff cleaned rooms on a

daily basis and the housekeeping staff deep cleaned residents' rooms on a weekly basis.

On July 13, 2006 at 9:53 a.m., the facility housekeeper stated the housekeeping staff deep cleaned the residents' rooms on a weekly basis and the facility staff cleaned residents' rooms on a daily basis.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation conducted on July 13, 2006.

Allegation #2: A resident's call light was not being answered in a timely manner.

Findings: Based on observation, interview, and record review it could not be determined the identified resident's call light was not being answered in a timely manner.

Review of the facility's complaint log on July 13, 2006 did not reveal any complaints by the residents of caregivers not answering call lights in a timely manner.

On July 13, 2006 at 10:06 a.m., a caregiver was observed responding to a resident's call light within 2 minutes of it sounding.

On July 13, 2006 between 9:20 a.m. and 10:10 a.m., four random residents stated caregivers respond quickly to call lights.

On July 13, 2006 at 9:28 a.m., the identified resident stated caregivers answer call lights consistently, but occasionally, she does have to wait longer than she would prefer.

On July 13, 2006 at 9:48 a.m., the facility nurse stated the residents have speakers and pull cords available in their rooms to contact caregivers. She stated during the daytime hours the call system is directed to the receptionist who contacts caregivers by a portable phone, who then respond to the resident's needs. She stated during the evening and at night, the caregivers carry pagers and are beeped when the call system is used by a resident.

On July 13, 2006 at 10:01 a.m., a caregiver stated when she was contacted by the receptionist she answered the call within five minutes.

On July 13, 2006 at 10:09 a.m., the administrator stated he had not received complaints from residents regarding call lights not being answered timely.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation conducted on July 13, 2006.

Allegation #3: The facility had not instructed staff in emergency procedures. Staff did not know what to do when the facilities power went out during a storm.

Findings: Based on interview and record review it was determined the facility had instructed staff in emergency procedures and staff did respond appropriately when the facility lost power during a storm.

Review of two employee's records on July 13, 2006 documented that the employees were trained in emergency procedures during orientation.

Review of the facility's policy manual on July 13, 2006 revealed documented evidence of policies for emergency preparedness and emergency procedures.

Review of the facility's employee handbook on July 13, 2006 revealed documented evidence of emergency preparedness and emergency procedures.

Review of the residents handbook on July 13, 2006 revealed documented evidence of emergency preparedness and emergency procedures.

On July 13, 2006 at 9:15 a.m., a caregiver stated she was trained on emergency preparedness and emergency procedures during her orientation and had participated in fire drills. Further, she stated that if the facility lost electrical power her responsibility would be to make sure all residents were safe and the residents that used oxygen were to be given portable oxygen tanks.

On July 13, 2006 at 9:20 a.m., a second caregiver stated she was trained on emergency preparedness and emergency procedures during her orientation and had been involved in fire drills. Further, she stated that if the facility lost electrical power her responsibility would be to make sure all residents were safe and that all residents had flashlights. She said the facility had extra flashlights for the residents who did not have one.

On July 13, 2006 at 9:30 a.m., the facility's maintenance person stated that if the facility lost electrical power the hall emergency lights, exit signs, and the fire alarm system had a back up system that ran off of batteries and worked when there was no electricity. He said the facility also had 15 extra flashlights for residents that did not have one.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation conducted on July 13, 2006.

Eric Bultez, Administrator  
July 27, 2006  
Page 4 of 4

Allegation #4: Fire drills had not been conducted.

Findings: Based on interview it was determined that fire drills have not been conducted for the year of 2006.

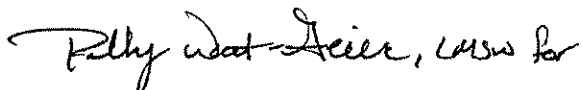
On June 13, 2006 at 10:30 a.m. the administrator stated that last fire drill was done on November 11, 2005. He stated the facility had not been compliant this year with the quarterly fire drills.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.410.02 for not conducting a minimum of 1 fire drill per shift per quarter in 2006. The facility was required to submit evidence of resolution within 30 days.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. Please develop a plan of correction as outlined in the cover letter to the non-core issues that were identified and included on the Punch List.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



PATRICK HENDRICKSON, R.N.  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

PH/slc

c: Jamie Simpson, BS, QRMP, MBA, Supervisor, Residential Community Care Program



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## ASSISTED LIVING

### Non-Core Issues

### Punch List

Facility Name Hillcrest Retirement	Physical Address 1093 S. Hilton	Phone Number 345-4460
Administrator Eric Bultez	City Boise ID	ZIP Code 83705
Survey Team Leader P. Hendrickson	Survey Type CI	Survey Date 7-13-06

[illegible]

Response Required Date

Signature of Facility Representative

8/13/04

S. Butts